

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6933

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1624**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 1322a Goodfellow	
3. NAME OF DECEASED (Type or Print) a. (First) aka Harry Zorensky b. (Middle) HERMAN c. (Last) zorensky		4. DATE OF DEATH (Month) (Day) (Year) 21 18 50	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) ab 67	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vendor		11. BIRTHPLACE (State or foreign country) USSR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vendor		10b. KIND OF BUSINESS OR INDUSTRY Notions	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Jewish Hospital Records
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic Heart Disease - Cardiac Decompensation ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia DUE TO (c) Emphysema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 8:00 PM 2/18/50	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/17 , 19 50 , to 2/18 , 19 50 that I last saw the deceased alive on 8:00 PM 2/18/50 and that death occurred at 5:15 A.M. from the causes and on the date stated above.			
23a. SIGNATURE Aaron Berntson M.D.		23b. ADDRESS 216 S. Kingshighway	
23c. DATE SIGNED 2/18/50		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 2/19/50		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel David	
24d. LOCATION (City, town, or county) (State) University City Mo		25. FUNERAL DIRECTOR'S SIGNATURE BERGER MEMORIAL	
DATE REC'D BY LOCAL REG. FEB 19 1950		REGISTRAR'S SIGNATURE J.P. Kester	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4229

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.